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STATEMENT BY

LIEUTENANT GENERAL ERIC B. SCHOOMAKER, MD, PhD
THE SURGEON GENERAL OF THE UNITED STATES ARMY
AND COMMANDER, US ARMY MEDICAL COMMAND

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DEPARTMENT OF DEFENSE HEALTH INFORMATION TECHNOLOGY: AHLTA IS 'INTOLERABLE', WHERE DO WE GO FROM HERE?

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Chairwoman Davis, Vice Chairman McIntyre, Representative Wilson, Representative Miller, and distinguished Members of the Military Personnel and Terrorism and Unconventional Threats and Capabilities Subcommittees, thank you for the opportunity to discuss AHLTA, the electronic health record (EHR) system for the Department of Defense (DoD). The Army Medical Department (AMEDD) has long recognized the critical importance of an EHR as the linchpin for continuity of care throughout the lifetime of a military healthcare beneficiary and across a global array of medical encounters. It is a critical enabler of evidence-based, science-driven and outcomes-focused medical practices which will lead to improvements in and sustainment of health as well as the provision of leading edge multidisciplinary healthcare services. All of these rely upon a knowledge network of personal health databases and analytic tools applied to this information in a highly personalized fashion led by patient choices about their health and healthcare. I call it knowledge-centric warfare against disease and injury in a healing environment. I strongly believe that an effective and usable EHR will also contribute immeasurably to reducing the cost of Federal healthcare and sustaining a generous healthcare benefit for Soldiers and their Families.

The Army recognized this need for an EHR very early and led DoD on a journey to leverage information technology. The AMEDD has hosted six EHR/AHLTA Summits to coordinate, synchronize and integrate efforts in this arena for our general officers and other senior leaders in Army, Military and Federal Medicine—our most recent EHR Summit was held two weeks ago at the Army Medical Command (MEDCOM) Headquarters in San Antonio, Texas. Moreover, given the information explosion in healthcare, I recognize the need for an electronic health record that is a mentor (clinical decision support) and a knowledge generator rather than a mere collector of data. With your help, I am confident that our global EHR will enhance continuity of care, medical surveillance and empower our providers to deliver the best evidence based healthcare in the world. Given the longitudinal nature of our data from our beneficiaries, the knowledge from our EHR will serve as a means for continuous learning and research. I also believe passionately in our journey towards

personalized medicine and the role our EHR will play in our ability to predict, prevent and preempt diseases.

From the Army's perspective, AHLTA has had significant impact on our AMEDD providers and patients. We were an early adopter of AHLTA, and while AHLTA has only achieved some of its initial vision of a globally available EHR system, providers have been less than satisfied with its performance, reliability, and usability. Army has taken significant steps to improve usability of AHLTA and provider satisfaction. It should be noted that there is no easy alternative to AHLTA, and there is no existing commercial system or federal system that currently can immediately meet the needs of the DoD given its global and mobile population. The most recent version of AHLTA, despite its past and current challenges, is showing improvements and appears to be well-accepted by providers. In addition, a new proposed enterprise architecture for the MHS will likely result in a significant improvement in managing our information systems.

I look forward to your guidance and continued support for the advancement of a viable and fully accepted EHR that meets the DoD's mission.

Vision of AHLTA

The Department's original vision of AHLTA was for a comprehensive, global electronic health record. It was intended to allow providers secure electronic access to the comprehensive health record of a highly mobile DoD population; from the battlefield to the treatment facility. The envisioned global EHR would enable provider-level decision support and clinical surveillance. Over time, the vision evolved and expanded to allow our EHR to exchange medical record information with the Veterans Health Administration, Department of Veterans Affairs, with the ultimate goal that one day it will be interoperable with health systems nationally.

Currently, AHLTA is deployed worldwide to 70 hospitals, 410 clinics, and six dental clinics across the Military Health System (MHS). The AMEDD comprises approximately 30% of the total number of facilities and 49% (1,337,300) of the total DoD monthly encounters. AHLTA is also fully deployed

across the theater of operations to 14 theater hospitals and 208 forward resuscitative sites. The next phase of deployment, which is scheduled to being this spring, will field AHLTA to the remaining 362 dental clinics.

Barriers to Success

Despite the extensive fielding of AHLTA across the MHS, the system has not yet achieved the vision and goals as originally established. The AMEDD has been largely frustrated by a number of obstacles that continue to impede the system capabilities and functionality. The major issues to date have been: performance, reliability and usability. The Department is proposing a Unified Strategy Regional Distribution Approach for AHLTA in order to address these issues. The first phase of the Approach focuses on improving the user experience by stabilizing performance, reliability, and the core infrastructure.

Strategy

The identification and implementation of a comprehensive strategy, metrics, prioritization and financial accountability will be the keys to the future success of an outcomes focused EHR. EHR projects require a clearly defined IM/IT governance process to guide the vision and strategy for the development and fielding of the entire EHR to include the ability to track and maintain accountability. As we move forward, governance processes must be agile enough to incorporate the unique challenges of not only a Tri-Service Active Duty environment, but a much more comprehensive environment to include Veterans Health, the Reserve Components, and civilian healthcare.

Performance

The system's performance is challenged by one of the world's fastest growing Clinical Data Repositories (CDR) along with multiple points of failure in our system. One significant impact of this performance is the slowness of the system. For the providers, it can take a long time to view the separate modules during a patient encounter, especially when reviewing previous encounters,

leading to potential patient safety issues. Even when the system is functioning, the system can be sluggish, which impedes the provider's efficiency and detracts from time spent with our patients.

Reliability

There are multiple single points of failure to include the CDR and MHS network, with an unacceptable (on average 7% in 2008) amount of downtime. Although the system goes into Failover mode when the CDR is down, providers have a limited capability to view past information and document the patient care. Reliability of the data provided with patient documentation is a significant concern for providers, specifically those associated with duplicate patient records and AHLTA's current inability to easily and effectively perform medication reconciliation and manage the patient's problem list.

Usability

Many providers find the quality of AHLTA clinical encounter notes generated by the graphic user interface (GUI) to be less than acceptable, and most providers are now using more free text to address this issue.

At the corporate level—Service and MHS-wide—we do not have effective data-mining tools to permit us to track compliance with evidence-based practices or to measure the achievement of population health measures. We in Army Medicine are leading in incentivizing providers, clinics and hospitals for providing health promotion and healthcare services in compliance with national guidelines for disease prevention and evidence-based practices, respectively.

AMEDD Initiatives

To influence effective governance, I directed the establishment of the Office of the Chief Medical Information Officer (OCMIO) in the Army to address four challenges: 1) Improve trust and satisfaction of providers with AHLTA; 2) Bring providers timely, actionable, quality information to improve healthcare at the point of care; 3) Deliver timely solutions that meet the needs of our providers

while balancing innovation with standardization to achieve desired outcomes and optimization;. 4) Develop an EHR strategy which supports personalized medicine.

The Chief Medical Information Officer's (CMIO's) mission is to be the premier advocate for clinical information systems for providers and serve as the liaison between the healthcare community and AMEDD leadership. The CMIO will work with MHS to design, develop, implement, and support/sustain clinical information systems to improve quality, safety, and outcomes in healthcare while creating a culture of excellence and quality through health services research, system change management, healthcare information technology, and leveraging regional and facility innovation. To meet my first challenge, the CMIO has initiated the MEDCOM AHLTA Provider Satisfaction (MAPS) initiative. Key components of the MAPS initiative include: provider choices for tools and technology, relevant and viable training, and provider support.

To enhance providers' choices for tools and technology, we invested in industry tested, commercial off-the-shelf (COTS) software applications to enrich documentation and allow providers some freedom to select various tools to use with AHLTA. These tools include Dragon Medical™, which offer the provider the capability to dictate their notes directly into AHLTA using the voice recognition software. With the power of specialty-specific macros, tools like As-U-Type® now provide our staff with tools that allow them to complete an encounter note in less time than ever before. In addition, a dedicated website, https://vmc.amedd.army.mil, consolidates all of these macros for collaboration and exploitation across the AMEDD. With such tools, providers have been able to gain control over their practice by having more time to listen to their patients with less time required to document each visit.

As incredible as these tools are, they would be useless unless the providers were given relevant training and support to maximize the tools' capabilities. A new provider-focused curriculum was developed and finalized this past December, and one-on-one training is currently in progress across select sites. These tools, with accompanying individualized training and business

process re-engineering led by clinical champions, has facilitated and fostered buy-in from the providers. While MAPS does not address AHLTA's inherent operational and functional shortcomings, it has improved the user's interaction with the system. MAPS serves as an enhancement and catalyst for the AMEDD's clinical transformation, and is beginning to show a significant improvement in the usability by, and the satisfaction of, our providers with AHLTA.

As part of the Army's celebration of 2009 as "Year of the NCO", I would like to recognize Staff Sergeant (SSG) Charles Bailey, a medic at Landstuhl Regional Medical Center (LRMC) in Germany, an AHLTA "Super User" and MAPS champion for the Department of Orthopedics. He has been working closely with Dr. Robert Walker, the MAPS clinical lead. With the support of Dr. Walker, SSG Bailey has been instrumental in making MAPS successful at LRMC while also serving as a model user for the AMEDD.

Way Ahead for the EHR

The AMEDD's greatest asset is our people, and our commitment to provide the very best healthcare to our Soldiers, Families and retirees remains strong. Our healthcare professionals need the right tools to continue to provide world-class care. Prompt attention must be directed toward resolving patient safety issues to restore providers' confidence in the quality of the patient documentation. Lastly, I endorse Health Affairs' proposed plan to move to performance based contracts when feasible and to separate IM/IT integration contracts from the development contracts.

In closing, I want to thank the committee for its interest and support in ensuring that our great Soldiers and Families receive the best possible care by leveraging all available information technologies. Although AHLTA continues to be challenging to its users within Military Medicine, the AMEDD recognizes the remarkable benefits of an electronic health record and remains fully committed to partnering with HA to collaboratively define a coherent way ahead for the EHR.